

Clark County Regional Support Network Policy Statement

Policy No.: CM03
Policy Title: Notice of Action
Effective Date: November 1, 2004

Policy: Clark County Regional Support Network (CCRSN) shall provide written Notice of Action to Medicaid eligible/CCRSN-funded consumers whenever actions occur, as defined in this policy. The Notice of Action shall be issued in a timely manner and written in clear language easily understood by the recipient. Notices of Action shall inform recipients of their rights to appeal or to request an administrative hearing with the Department of Social and Health Services.

Reference: WAC 388-865, Washington Mental Health Division RSN Interlocal Agreements (Exhibit N: Grievance System Template), CMS Waiver, 42 CFR 438 Subpart F: Grievance System, 42 CFR 431 Subpart E: Fair Hearings, 45 CFR: Health Insurance Portability and Accountability Act (HIPAA), Medical Assistance Administration Memorandum #01-03MAA, CCRSN Policy and Procedures: CR03 Consumer Complaints and Grievances, CR05 Consumer Rights to an Administrative Hearing, CR06 Consumer Rights to Appeal, CR07 Request for Second Opinion, QM05 Level/Element of Care Clinical Guidelines, QM09 Access Standards, CM03-A Notice of Action Form- Medicaid, CM04 Authorization For Outpatient Services, CM07-A Access to Care Standards-Adult, and CM08-A Access to Care Standards-Child/Youth, CM19 Inpatient Services Authorization.

Definitions:

Action means

1. The denial or limited authorization of a requested service, including the type or level of service including an intake service;
2. The reduction, suspension, or termination of a previously authorized service;
3. The denial, in whole or in part, of payment for a service including an intake service);
4. The failure to provide services in a timely manner;
5. The failure of CCRSN to dispose of and resolve grievances within 30 days from receipt of the grievance, unless extended by mutual agreement with the consumer;
6. The failure of CCRSN to dispose of and resolve an appeal within 45 days from the receipt of the appeal, unless extended by mutual agreement (for Medicaid consumers).

Denial means the decision by CCRSN not to offer an intake is a denial. The decision by CCRSN not to authorize covered mental health services that meet medical necessity criteria is a denial.

Grievance means an expression of dissatisfaction about any matter other than an action, as "action" is defined above. The term is also used to refer to the overall system that includes grievances and appeals

handled by CCRSN and access to the State administrative hearing process. (Possible subjects for grievances include, but are not limited to, the quality-of-care or services provided, and aspects of interpersonal relationships such as rudeness.)

Reduction means the decision by CCRSN to decrease a consumer's previously authorized covered Medicaid mental health services described in the CCRSN Level/Element of Care Clinical Guidelines. The decision by a CCRSN contracted provider to decrease or change a covered service in the Individualized Service Plan is not a reduction.

Suspension means the decision by CCRSN to temporarily stop a consumer's previously authorized covered Medicaid mental health services described in the CCRSN Level/Element of Care Clinical Guidelines. The decision by a CCRSN contracted provider to temporarily stop or change a covered service in the Individualized Service Plan is not a suspension.

Termination means the decision by CCRSN to stop a consumer's previously authorized covered Medicaid mental health services described in the CCRSN Level/Element of Care Clinical Guidelines. The decision by a CCRSN contracted provider to stop or change a covered service is not a termination.

Procedure:

1. The Notice of Action letter must be in writing and must be written in language easily understood by the individual in his or her primary language or in a format that is understandable when the individual has a hearing or visual impairment or developmental disability.
2. The Notice of Action shall be mailed to the mental health consumer or parent or legal guardian when the consumer is under 13 years of age.
3. CCRSN shall notify providers of any action taken regarding consumers who request or are receiving mental health services at their agency. A copy of the Notice shall be provided to Health Plans that manage care for individuals who are members of the Healthy Options managed care plan.
4. The Notice must explain the following:
 - a. The action CCRSN or its contracted provider has taken or intends to take;
 - b. The reasons for the action or intended action;
 - c. The consumer's or the CCRSN contracted provider's right to file an appeal with CCRSN;
 - d. The consumer's right to request a second opinion;
 - e. The consumer's right to request an appeal;
 - f. The consumer's right to request a state administrative hearing:
 - i. within 20 days of receiving the CCRSN decision (Notice of Action letter),
 - ii. if CCRSN did not provide a written response within the allowed timeframes,
 - iii. any time the consumer believes a Washington Administrative Code has been violated;
 - g. The procedures for requesting an appeal or a state administrative hearing.

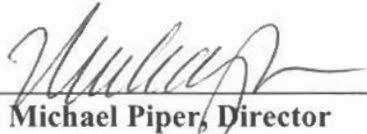
5. CCRSN must provide Notice within the following timeframes:
 - a. For termination, suspension, or reduction of previously authorized Medicaid-covered services, at least ten days before the effective date of the action or CCRSN may mail a Notice not later than the date of action if:
 - i. CCRSN has factual information confirming the death of a consumer;
 - ii. CCRSN receives a clear written statement signed by the consumer requesting services be discontinued or providing information that requires termination or reduction of services;
 - iii. The consumer has been admitted to an institution and is ineligible for further services;
 - iv. The consumer has no forwarding address and whereabouts are unknown;
 - v. CCRSN establishes the fact that the consumer has been accepted for Medicaid services by another jurisdiction;
 - vi. A change in the level of care is prescribed by the consumer's physician;
 - vii. The Notice involves an adverse determination with regard to preadmission screening requirements;
 - viii. The date of the action will occur in less than 10 days.
 - b. For denial of payment, at the time of any action affecting the payment;
 - c. For standard service authorization decisions that deny or limit services, as expeditiously as the consumer's mental health condition requires and no longer than fourteen (14) days from request for services. If CCRSN extends the timeframe, it shall:
 - i. Give the consumer written notice of the reason and inform the consumer of the right to file a grievance if he or she disagrees with the decision,
 - ii. Issue and carry out the determination as expeditiously as the consumer's health condition requires and no later than the expiration date of the extension;
 - d. CCRSN may shorten the period of advance notice to 5 days before the action if:
 - i. CCRSN has facts verified, if possible, through secondary sources indicating probable fraud by the consumer;
 - e. For expedited authorizations, CCRSN shall provide notice as expeditiously as the consumer's health condition requires, no later than 3 business days after receipt of the request for services;
 - f. For service authorization decisions not reached in accordance within the timeframes established in CCRSN Policy and Procedures on authorization (which constitute a denial and thus an adverse action subject to appeal), CCRSN shall provide Notice on the date that the authorization timeframes expire.
6. CCRSN requires its sub-contracted providers to provide verified Medicaid consumers with an intake upon request and thus this service request is not denied by CCRSN.

Record-keeping and Reporting Requirements

1. CCRSN shall maintain records of actions as described in the Definitions section of this policy, including denials of requests for mental health services. Information about actions shall be tracked for reporting purposes and shall include the following data:
 - a. The number and type of actions;
 - b. The timeframes within which Notices were issued;
 - c. The nature of the decisions;

- d. A summary and analysis of the implications of the data, including what measures may be taken to address undesirable patterns.
2. CCRSN shall report the number of denials of service and appeals for consumers to the Washington Mental Health Division twice annually, using the reporting form provided in the Pre-paid Inpatient Health Plan contract.
3. CCRSN shall monitor quality of the processes related to actions through:
 - a. Oversight that actions occur in compliance with state and federal rules and within required timelines and retaliation does not occur;
 - b. Coordination of data collection with the Management Information System;
 - c. Review of network provider service request logs through the CCRSN on-site provider monitoring visits to ensure that all Medicaid enrollees requesting an intake receive one;
 - d. Aggregation of data and trends reported to the CCRSN Quality Management Committee for the purposes of quality monitoring and service improvement on a quarterly basis.

Approved By: _____



Michael Piper, Director
Clark County
Department of Community Services

Date: 11-22-06